INSTITUTE: National Institute of Child Health and Human Development

STUDY NUMBER: 00-CH-0160 PRINCIPAL INVESTIGATOR: Constantine Stratakis, M.D.

STUDY TITLE: Clinical and Molecular Analysis of ACTH-Independent Steroid Hormone Production in Adrenocortical Tissue

Latest IRB Review: Continuing Review 7/23/04
Latest Amendment Approved: Amend D 4/8/03
Linkage Study

INTRODUCTION

We invite you to take part in a research study at the National Institutes of Health (NIH).

First, we want you to know that:

Taking part in NIH research is entirely voluntary.

You may choose not to take part, or you may withdraw from the study at any time. In either case, you will not lose any benefits to which you are otherwise entitled. However, to receive care at the NIH, you must be taking part in a study or be under evaluation for study participation.

You may receive no benefit from taking part. The research may give us knowledge that may help people in the future.

Second, some people have personal, religious or ethical beliefs that may limit the kinds of medical or research treatments they would want to receive (such as blood transfusions). If you have such beliefs, please discuss them with your NIH doctors or research team before you agree to the study.

Now we will describe this research study. Before you decide to take part, please take as much time as you need to ask any questions and discuss this study with anyone at NIH, or with family, friends or your personal physician or other health professional.

You, your child or one of your relatives has a tumor in one of the glands of the human body that produce hormones, called the "adrenal gland". The cause of this disease is unknown, but in some cases these tumors are inherited ("run in families"), and may be associated with tumors in other parts of the body. The purpose of this study is to study the inheritance of these tumors.

In order to do this, we need blood specimens from members of families in which someone has such a tumor. We will use these samples to get DNA. DNA is the substance that contains the genes, the units that determine inheritance. We will compare the DNA from various family members to see if we can find something in common among the people who have the tumor. This will help us and other investigators to find the responsible genes.

You or your child will probably only need to see us or your physician once to complete this study. The parts of the study include:

(1) Medical history: We will ask you or your child questions concerning symptoms or diseases that have happened to you or your child, such as various tumors or other related diseases. We will also ask you to help us draw a family tree. In few cases, we may ask for additional medical records for certain diseases, and we may need to contact the doctors that took care of you. We will ask you to sign a form to let us see those records.

(2) Blood drawing: We will draw about 2 tablespoons (30 ml) of blood. We will use this blood to get DNA.

We will tell you and your doctor the results of these DNA tests, which may indicate that you are affected or unaffected by the disease that runs in your family. We will also discuss with you or your child what a "positive" test means; specifically, we will address your risk for having a tumor, as well as the risk for having children with this disease. If we learn anything else about your or your child's medical condition during the course of this study, we will inform you and your doctor. Although we would be happy to discuss possible treatments of the disease(s) with you, this part of the study does not offer treatment for any conditions. Also, our DNA studies are only of the inheritance of adrenal tumors and related conditions. We will not test for any other genetic condition without your assent and written consent.

Although this is not part of our study, our DNA tests may indicate that the assigned paternity is in question. We will not investigate this in any way, and we will not reveal the results of this test to you or anybody else; we will not be using DNA samples with evidence for false paternity for any other studies. As stated elsewhere in this consent form, if we learn anything else about you or your child's medical condition during the course of this study, we will inform you and your doctor; the discovery of false paternity will not affect this course of action, and in this process, no such information will be provided.

Tissue from the adrenal tumor specimen will be used in the laboratory for establishment of a culture system that may be transplanted in animal models by associate investigators of this study. This experiment will allow us to learn more about what forms a tumor in the adrenal glands and how to treat it in the animal model and, perhaps, later in the human.

If you or your child desire that you, your child, or your doctor should not be informed on the results of our study of DNA, we will respect those wishes.

Risks and Discomfort

1. The time involved in giving information about medical and family history.

2. The discomfort of blood drawing: this includes the pain of the needle-stick, the slight chance of fainting, the possibility of a bruise, and the small chance of an infection at the needle puncture site. You will receive appropriate treatment for any complications of this sort.

3. Lastly, a lot of articles have appeared recently in newspapers and magazines about "genetic testing" and health insurance.

The results of our study will be available to you and your referring physician; thus, they become part of the formal medical record, which is protected by "the Federal Privacy Act". We will not release any of this information without first getting your permission. However, this Act allows release of some information from your medical record without your permission, for example, if it is required by members of the Congress, law enforcement officials or other authorized

people. Your or your child's ability to obtain insurance could be affected if our study results show a gene that causes tumors is found in your or your child's blood. Theoretically, this could also make it harder to find a job, if an employer knew about the problem.

Benefits

1. We will talk to you or your child about the results of our studies. It is possible that information from these studies will allow us to predict who in your family will develop an adrenal tumor or other conditions. If we identify this information, we will tell you if you or your child have, or are at risk for, a genetic condition that may lead to the development of such tumors.

2. If you or your child has a genetic condition, or if we discover that you are at risk for developing any of these diseases or their complications, we will discuss with you the chance that your children could have the disease. If it is appropriate, we will arrange that you or your child be seen by a genetic counselor.

3. The knowledge derived from this study may give us a better understanding of adrenal tumors and other conditions associated with them, eventually leading to better treatments and identification of ways of earlier detection or even possible prevention of these tumors.

OTHER PERTINENT INFORMATION

1. Confidentiality. When results of an NIH research study are reported in medical journals or at scientific meetings, the people who take part are not named and identified. In most cases, the NIH will not release any information about your research involvement without your written permission. However, if you sign a release of information form, for example, for an insurance company, the NIH will give the insurance company information from your medical record. This information might affect (either favorably or unfavorably) the willingness of the insurance company to sell you insurance.

The Federal Privacy Act protects the confidentiality of your NIH medical records. However, you should know that the Act allows release of some information from your medical record without your permission, for example, if it is required by the Food and Drug Administration (FDA), members of Congress, law enforcement officials, or other authorized people.

2. Policy Regarding Research-Related Injuries. The Clinical Center will provide short-term medical care for any injury resulting from your participation in research here. In general, no long-term medical care or financial compensation for research-related injuries will be provided by the National Institutes of Health, the Clinical Center, or the Federal Government. However, you have the right to pursue legal remedy if you believe that your injury justifies such action.

3. Payments. The amount of payment to research volunteers is guided by the National Institutes of Health policies. In general, patients are not paid for taking part in research studies at the National Institutes of Health.

4. Problems or Questions. If you have any problems or questions about this study, or about your rights as a research participant, or about any research-related injury, contact the Principal Investigator, Constantine Stratakis, M.D.; Building 10, Room 10N262, Telephone: 301-402-1998.

You may also call the Clinical Center Patient Representative at 301-496-2626.

5. Consent Document. Please keep a copy of this document in case you want to read it again.

COMPLETE APPROPRIATE ITEM(S) BELOW:

A. Adult Patient's Consent

I have read the explanation about this study and have been given the opportunity to discuss it and to ask questions. I hereby consent to take part in this study.

Signature of Adult Patient/Legal Representative _____ Date _____

B. Parent's Permission for Minor Patient.

I have read the explanation about this study and have been given the opportunity to discuss it and to ask questions. I hereby give permission for my child to take part in this study.
(Attach NIH 2514-2, Minor's Assent, if applicable.)

Signature of Parent(s)/Guardian _____ Date _____

C. Child's Verbal Assent (If Applicable)

The information in the above consent was described to my child and my child agrees to participate in the study.

Signature of Parent(s)/Guardian _____ Date _____

THIS CONSENT DOCUMENT HAS BEEN APPROVED FOR USE FROM JUNE 23, 2004 THROUGH JUNE 23, 2005.

Signature of Investigator _____ Date _____ Signature of Witness _____ Date _____